Estimated access activation from date of receipt of completed form is 10 business days

DTI SSL VPN

SSL VPN Solution for State Employees & State sanctioned Vendors and Contractors Incomplete forms will be returned to the Agency ISO.

To be filled	in by Emplo	yee: Select One:		☐ ADD	☐ DELE	TE 🗆	UPDATE
Date: Employee Name (Last, First, MI):							
Internet E-mail:							
Employee Home Address (Street):							
City:				County:			
State:				Zip Code:			
Home Phone:				Work Phone:			
Security Validation for Password (4-digit PIN): Existing ACF-2 ID:							
I have read and signed the terms and conditions of the Acceptable Use Policy (AUP) and agree to abide by them. NOTE: Please be aware that you should review your ISP Acceptable Use Policy. Some providers prohibit SSL VPN use.							
Employee Signature:					Date:		
Supervisor Signature:					Date:		
To be Filled in by Purser:							
Date: Purser Name:							
DFMS Agency ID (Department-Division-Section):							
Department Address (Street):							
City:				County:			
State:				Zip Code:			
Purser Work Phone:				Purser Signature:			
To be filled in by ISO							
Date: ISO Internet E-mail Address:							
Access Type (Check one):							
Education State							
		State Employee: DTI will work with the the employee. This access request must		cy to develop categories that will limit what state resources are available to supported by job function requirements.			
		State Agency Vendor/Contractor – Limited: DTI will work with the agency to develop categories that will limit what state resources are available to our Vendors/Contractors. Depending on the complexity of the request, there may be an engineering and setup charge. If this were to occur, the agency will be notified before any changes are incurred.					
Client/Server Access Requirements (Complete each section): For Vendor/Contractors each section <u>must</u> be completed.							
IP Address of Destination: Desired Protocol and Port (Telnet, FTP, HTTP):							
Reason and Purpose:							
ISO Signature:				Date Approved:			
Data Custodian Signature:						Date Appro	ved:
				OR DTI SECURIT	Y USE ON	LY	Date:
				OTI Security Signoff:			
DEPARTMENT OF TECHNOLOGY & INFORMATION Enabling Excellence In Delaware State Government			T	Jser ID:			
			F	Password:			
			c	Client Notified:			

Form: ISF-99 Update: July 2008